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Applicant(s): Jonathan	K. Tash			50588/355 (Digeo P067)
Application No. 09/709,004	Filing Novembe	3	Examiner	Group Art Unit
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n August 1			, , === , ,	(377) 373-0300
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Doc Code:

PTO/SB/82 (09-04) Approved for use through 11/30/2005, OMB 0651-0035

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

	COUNTY INTERPORTED COUNTY INTERPORT			
Application Number	09/709,004 November 8, 2000			
Filing Date				
First Named Inventor	Jonathan K. Tash			
Art Unit	2611			
Examiner Name				
Attorney Docket Number	50588/355			

I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Thomas A. Grina Date (6-17-05 Telephone (425) 896-6236				···				
I hereby appoint the practitioners associated with the Customer Number: I hereby appoint the practitioners associated with the Customer Number: I hereby appoint the practitioners associated with the Customer Number: I hereby application to: I here	J hereby re	I hereby revoke all previous powers of attorney given in the above-identified application:					on:	
I hereby appoint the practitioners associated with the Customer Number:	П А Ром	ver of Attorn	ey is submitted here	∍with.				
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 32641	OR							
The address associated with Customer Number: OR Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Thomas A. Grins Date (-17-05 Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.	I hereby appoint the practitioners associated with the Customer Number: 32641							
Customer Number: OR Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Thomas A. Grina Date (-17-05 Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	✓ Please	change the	correspondence ad-	dress for the above-	identified a	pplication to	o:	
Firm or Individual Name Address City State ZIP Country Telephone Fax I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Thomas A. Grina Date 6-17-05 Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	[Z] [The address associated with Customer Number:						
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Name Thomas A. Grina Date (5-17-05) Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			SIGNATURE C	of Applicant or Assign	nee of Reco	<u></u>		
Date 6-17-05 Telephone (425) 896-6236 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Signature	ignature						
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This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 56 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending on the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Digeo Ref. P067

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STATEME	NT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner:Jonathan	K. Tash
Application No./Patent No.: 09/709.00	Filed/Issue Date: November 8, 2000
Digeo, Inc. (Name of Assignee)	, aCorporation
	(Type of Assignee, e.g., corporation, partnership university, government agency, etc.)
states that it is:	
1. the assignee of the entire right, titl	and interest; or
2. 🗌 an assignee of an undivided part ii	iterest
in the patent application/patent identified	above by virtue of either:
A. An assignment from the inventor(s The assignment was recorded in the Reel, or for v OR) of the patent application/patent identified above. se United States Patent and Trademark Office at hich a copy thereof is attached.
B. A chain of title from the inventor(s) current assignee as shown below:	of the patent application/patent identified above, to the
1. From: <u>Inventor(s)</u>	To: Geocast Network Systems, Inc.
The document was recorded in t Reel <u>011670</u> , Frame <u>0583</u> , or for	ne United States Patent and Trademark Office at which a copy thereof is attached
2. From: Geocast Network System	
	ne United States Patent and Trademork Office of
3. From: Intreon Corporation	To: <u>Digeo, Inc.</u>
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Additional documents in the chair	of title are listed on a supplemental sheet,
Copies of assignments or other docum	ents in the chain of title are attached
[NUTE: A Separate Copy (Le., the priorinal assign	ament document or a true copy of the original document) must be with 37 CFR Part 3, if the assignment is to be recorded in the records
-	elow) is authorized to act on behalf of the assignee.
6-17-05	
Date	Thomas A. Grina Typed or printed name
-	Signature
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	Chief Financial Officer
den Hour Statement: This form is estimated to take 0.2 e. Any comments on the amount of time you are require	nours to complete. Time will vary depending upon the needs of the indMdua d to complete this form should be sent to the Chief Information Officer, U.S OT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO

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